Application or Docket Number

Effective October 1, 2000 9/684094												
CLAIMS AS FILED - PART I (Column 1) (Col						SMAL nn 2) TYPE			ENTITY		OTHER THAN	
то	TAL CLAIMS						RAT	E F	EE	Γ	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 35	5.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/(p minus 20=		90		X\$ 9	= .		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		:3		X40	= 12	0-	OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	N	•		+135	= 100		OR	+270=	
* If	the difference	in column 1 is	less than ze	than zero, enter "0" in column 2			TOTA	- 1.12	X-	OR	TOTAL	
CLAIMS AS AMENDED - PART II								- 147			OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMA	LL ENT	ITY	OR _	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	./2	Minus		\bigcirc	=	X\$ 9	=	ł	OR	X\$18=	
ME	Independent	. 5	Minus	(0	=	X40	=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		+135	= -	3 -11	OR	+270=	
							TO	TAL			TOTAL ADDIT, FEE	. *
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT. I	-EE 			ADDII. FEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST MBER IOUSLY OFOR	PRESENT EXTRA	RAT	E TIO	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	·=		OR	X\$18=	
	Independent	*	Minus	***	- O. A.W.	=	X40	=	1	OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		+135	<u> </u>		OR	+270=	
								TAL		00	TOTAL ADDIT. FEE	
.00.		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT.			•	7,0011.122	•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA	RAT	E TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9			OR	X\$18=	
	Independent	*	Minus	. ***		=	X40	=	•	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135				. 270-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												<u> </u>
	The "Highest Nur	nber Previously Pa	aid For" (Total	or Indepen	dent) is the	e highest numbe	er found in th	e appropi	riate box	x in co	lumn 1.	